

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street)

2831 Lone Oak Road

☐Check if different  
than previously  
reported. (ACC)

Paducah

KY

42003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00351197

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Laxmaiah Manchikanti

Signature of Treasurer

Electronically Filed by Laxmaiah Manchikanti

Date

01

31

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		94600.44
(b) Cash on Hand at Beginning of Reporting Period .....	110846.66	
(c) Total Receipts (from Line 19) .....	49930.91	206971.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	160777.57	301571.47
7. Total Disbursements (from Line 31) .....	410.65	141204.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	160366.92	160366.92
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	47650.00	197740.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1750.00	6370.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	49400.00	204110.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	49400.00	204110.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	530.91	2861.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	49930.91	206971.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49930.91	206971.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	410.65	2204.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	410.65	2204.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	129000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	410.65	141204.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	410.65	141204.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	49400.00	204110.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49400.00	199110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	410.65	2204.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	410.65	2204.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Pratha Atluri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 10160 Meadowknoll		<b>Transaction ID:</b> SA11A1.6996
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Tri State Pain Mgmt. Inst- it.		Occupation MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Sairam Atluri MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 10160 Meadowknoll Drive		<b>Transaction ID:</b> SA11A1.6997
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer AICC		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Yogendra Bharat		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 7400 Latigo Circle		<b>Transaction ID:</b> SA11A1.7000
City Franksville	State WI	Zip Code 53126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Self		Occupation MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

**A.** William Binegar

Mailing Address 301 W Myrtle

City State Zip Code  
 Boise ID 83702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7001

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

**B.** Yuriy Bukhalo, MD

Mailing Address 1140 Pfingsten Road

City State Zip Code  
 Glenview IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NSA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7004

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

**C.** John Dombrowski, MD

Mailing Address 3301 New Mexico Ave  
 #346

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7005

Amount of Each Receipt this Period

750.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

**A.** Kenneth Gossler, MD

Mailing Address 1475 E Canyon Spring t.

City State Zip Code  
 Tuscon AZ 85718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PISA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7055

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

**B.** Cameron Govonlu, MD

Mailing Address 55 Nottingham Drive

City State Zip Code  
 Raynham MA 02767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Physicians Pain Management

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7009

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

**C.** Dr. Hans Hansen

Mailing Address 1224 Commerce St.  
 SW

City State Zip Code  
 Concover NC 28613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pain Relief Centers

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7010

Amount of Each Receipt this Period

500.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Full Name (Last, First, Middle Initial)

Dr. Standiford Helm II

Mailing Address 1808 Calle de La Alamos

City State Zip Code  
 San Clemente CA 92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.7011

Amount of Each Receipt this Period

2000.00

contribution

B. Full Name (Last, First, Middle Initial)

Sten Kramer, MD

Mailing Address 1401 Avocado Ave. #307

City State Zip Code  
 Newport Beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7018

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)

Kalyan Krishnan

Mailing Address 131 Woodsedge Dr.

City State Zip Code  
 Milton PA 17841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Health System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7015

Amount of Each Receipt this Period

1100.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Full Name (Last, First, Middle Initial)

Ronald Laub MD

Mailing Address 3010 N. Circle Drive

City State Zip Code  
 Colorado Springs CO 80909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7020

Amount of Each Receipt this Period

500.00

contribution

B. Full Name (Last, First, Middle Initial)

John Ledbetter, MD

Mailing Address 1607 Fairview Ave.

City State Zip Code  
 Monroe LA 71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Pain Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.7056

Amount of Each Receipt this Period

5000.00

contribution\

C. Full Name (Last, First, Middle Initial)

Marion Lee, MD

Mailing Address 2233 Arabi-Warwick Road

City State Zip Code  
 Cordele GA 31015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Attrinity Health Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.7021

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional) .....

5550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine Maurath, MD Mailing Address 103 Oakmont City State Zip Code St. Simons Island GA 31522 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Summit Sports Medicine Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>			Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 29 / 2006</div> <b>Transaction ID:</b> SA11A1.7057 Amount of Each Receipt this Period <div>500.00</div> contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Miller, MD Mailing Address PO Box 12034 City State Zip Code Ft. Smith AR 72917 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AIPD, LLC Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>			Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 29 / 2006</div> <b>Transaction ID:</b> SA11A1.7058 Amount of Each Receipt this Period <div>1000.00</div> contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Joseph Mouhanna Mailing Address 13500 SW 69th Court City State Zip Code Miami FL 33156 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Miami Pain & Diagnostic Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>4000.00</div>			Date of Receipt <div>MM / DD / YYYY</div> <div>12 / 08 / 2006</div> <b>Transaction ID:</b> SA11A1.7028 Amount of Each Receipt this Period <div>2000.00</div> contribution	

**SUBTOTAL** of Receipts This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Full Name (Last, First, Middle Initial)

Peyman Nazmi

Mailing Address 14404 Sommersville Ct.

City State Zip Code  
 Midlatham GA 23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richmond Spine Interventi-  
on

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.7047

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)

Jon Petraglia

Mailing Address 2528 Cliff Dr.

City State Zip Code  
 Newport Beach CA 92665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.6992

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)

Richard Ruskin

Mailing Address 4222 E. McLellan Circle  
 #14

City State Zip Code  
 Mesa AZ 85205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physician

Occupation  
Desert Pain Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7023

Amount of Each Receipt this Period

500.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. David Schultz Mailing Address 5950 Ridge Road City Shorewood State MN Zip Code 55331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MAPS Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7024 Amount of Each Receipt this Period 4000.00 contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Peggy Schultz Mailing Address 5950 Ridge Road City Shorewood State MN Zip Code 55331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Dermatology Specialists Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7025 Amount of Each Receipt this Period 4000.00 contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Jan Slezak, MD Mailing Address PO Box 246 City Durham State NH Zip Code 03824 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Interventional Spine Med. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7050 Amount of Each Receipt this Period 2000.00 contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Roy Talley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7029	
Mailing Address 1015 Milstead Avenue Suite 100		Amount of Each Receipt this Period 500.00 contribution	
City Conyers	State GA		Zip Code 30012
FEC ID number of contributing federal political committee. C			
Name of Employer Atlanta East Pain Relief Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Joseph Waling		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7026	
Mailing Address 3188 Brookfield		Amount of Each Receipt this Period 100.00 contribution	
City Newburgh	State IN		Zip Code 47630
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 700.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Dean Willis, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7061	
Mailing Address 2504 Cranefield Road SE		Amount of Each Receipt this Period 3000.00 contribution	
City Hampton Cove	State AL		Zip Code 35763
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Pain Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 3000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		3600.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

A. Full Name (Last, First, Middle Initial)  
Keith Zwingelbert, MD

Mailing Address 229 South Cove Terrace Drive

City State Zip Code  
Panama City FL 32401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7064

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

47650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.7066	
City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 232.15
FEC ID number of contributing federal political committee. C		Monthly Acrued Interest (Nov)	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2562.27		
<b>B.</b> Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 3151 Jackson Street		<b>Transaction ID:</b> SA17.7067	
City Paducah	State KY	Zip Code 42003	Amount of Each Receipt this Period 298.76
FEC ID number of contributing federal political committee. C		Monthly Acrued Interest (Dec)	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2861.03		

**SUBTOTAL** of Receipts This Page (optional) .....

530.91

**TOTAL** This Period (last page this line number only) .....

530.91



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

**A.** Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for Credit Card Fees (Nov)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7068

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

329.15

Full Name (Last, First, Middle Initial)

**B.** Bantera Bank

Mailing Address 3151 Jackson Street

City Paducah State KY Zip Code 42003

Purpose of Disbursement  
Payment for Credit Card Fees (Dec)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7069

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

81.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

410.65

**TOTAL** This Period (last page this line number only) ..... ►

410.65